

STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PLEASE USE THIS FORM TO PROVIDE THE REQUESTED INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a **GROUP PRACTICE**, it is the group name & TIN which is required on this Alternate W-9.

If the service provider is a **SOLE PROPRIETOR**, it is the individual name & TIN which is required on this Alternate W-9.

NAME: _____

ADDITIONAL or DBA NAME: _____

REMIT ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME/BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return

Social Security # (SSN): _____ Fed ID # (EIN/FIN): _____

PRINCIPAL ACTIVITY (select only ONE)

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List the principal type of service, product or other that is provided: _____

DESIGNATION (select ONLY THOSE which apply to you/your organization as provided to the IRS)

| | | |
|---|---|--|
| <input type="checkbox"/> Individual/Sole-Proprietor | <input type="checkbox"/> Government | <input type="checkbox"/> Personal Service Corp |
| <input type="checkbox"/> Partnership/LLP | <input type="checkbox"/> Estate or Trust | <input type="checkbox"/> Health Care Provider |
| <input type="checkbox"/> Corporation/LLC | <input type="checkbox"/> Non-Profit (attach exemption) | <input type="checkbox"/> Legal Services |

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge & belief.

NAME & TITLE (print or type): _____

TELEPHONE #: _____ FAX #: _____ E-Mail: _____

SIGNATURE: _____ DATE: _____

PLEASE RETURN WHEN COMPLETED TO: David Roberts, Workforce Coordinator
Rural Health & Primary Care Section
29 Hazen Drive
Concord, NH 03301-6504



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4741 1-800-852-3345 Ext. 4741
Fax: 603-271-4506 TDD Access: 1-800-735-2964

State Loan Repayment Program
Instructions for Completion of
Alternate W-9 Form

Please complete **all sections** of the form. If any section is left blank, the form will be returned and direct payment to you may be delayed.

Please complete the name and address portion of the form as you wish to have payments made.

NAME

This is the name to whom checks will be made payable. It must be the name that matches the taxpayer identification number indicated on the form.

ADDRESS & CITY/STATE/ZIP

This is the address to which checks will be mailed.

SOCIAL SECURITY NUMBER or EMPLOYER IDENTIFICATION NUMBER

This is used to indicate what type of number is being used as the taxpayer identification number. Check one box only to indicate what type the taxpayer identification number is.

NUMBER USED ON IRS TAX RETURN

This number should be that which is assigned to the name indicated on the form. Be sure to fill in all 9 digits.

PRINCIPLE ACTIVITY

Check one service or goods that you will provide. The following is a brief description of each.

| | |
|----------|---|
| Services | Childcare, Tutoring, Tuition, Fees, Counseling, Case Management, Transportation, etc. |
| Goods | Books, Supplies, Uniforms, Tools of the Trade, etc. |

DESIGNATION

Please select the designation, which best describes your business. The following is a brief description of each.

| | |
|-------------|--|
| Non-Profit | You are a non-profit agency. You will need to supply a copy of the agency's tax exemption documentation. |
| Government | You are a federal/state/local government agency |
| Corporation | You are incorporated |
| Individual | You are Self-Employed |

MISCELLANEOUS

Please complete the form by printing or typing in your name and title (if applicable), signature, date, and telephone number where you may be reached during the weekday. This information should be accurate and readable in the event that we need to contact you for clarification or additional information.